

BFS-160 (2/07)		MICHIGAN INSURED FIRE LOSS REPORT Bureau of Fire Services P. O. Box 30700 Lansing, MI 48909		Check Only One <input type="checkbox"/> Original <input type="checkbox"/> Corrected <input type="checkbox"/> Additional	Page Number of
1. Please Print or Type 2. Submit original form within 15 days of a fire loss. 3. Submit when the total insured loss exceeds \$1,000 4. When listing multiple names use additional forms 5. When more than one form is required, number pages and staple					
B	NAIC Number	Claim Number:	Date of Loss (MM/DD/YR)		

INSURANCE COMPANY INFORMATION

C	Insurance Company:		Phone Number:
D	Insurance Agency:	City / State:	Phone Number:
E	Insurance Agent: (Last Name, First, MI)	Policy Number:	Phone Number:
F	Policy Value:	Property Type: <input type="checkbox"/> Dwelling <input type="checkbox"/> Multiple-Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: (Describe Above)	Property Status: <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Under Construction
G	Adjustor: (Last Name, First, MI)	Adjusting Firm: (If Different from Insurance Company)	City, State & Zip:
H	Total Dollar Property Loss:	Total Dollar Contents Loss:	Total Dollar Other Loss:

INSURED DATA (PROPERTY / LOCATION / MORTGAGEE / ETC.)

I	Policy Holder: (Last Name, First, MI)	Last 4 Digits of SSN:	Data Of Birth: (MM / DD / YY)
J	Address of Insured: (No.-Street-Apt.-City-State-Zip):		Phone Number:
K	Other Insured: (Last Name, First, MI)	Last 4 Digits of SSN:	Date Of Birth: (MM / DD / YY)
L	Occupant: (Last Name, First, MI)	Last 4 Digits of SSN:	Date Of Birth: (MM / DD / YY)
M	Address of Loss: (No.-Street-Apt.-City-State-Zip):		Phone Number: (If Available)
N	Mortgagee: (If Individual or Lending Institution)	City / State / Zip:	Phone Number:
O	Name of Business: (If Insured Property Type is Commercial)	Federal Tax I.D. Number:	
P	Vehicle Year / Make / Vehicle Identification Number: (If Insured Property Type is Vehicle)	License Plate:	Yr. Exp.: State: Stolen: Yes No

OTHER PARTIES TO CLAIM (PUBLIC ADJUSTOR / CONTRACTOR / ETC.)

Q	Public Adjustor: (If Applicable - Last Name, First MI)	Address: (No.-Street-Apt.-City-State-Zip):	Phone Number:
R	Repair Contractor Company Name:	Address: (No.-Street-Apt.-City-State-Zip):	Phone Number:
S	Owner(s) of Contractor Company: (If Applicable)	Address: (No.-Street-Apt.-City-State-Zip):	Phone Number:

RESPONDING AGENCIES (FIRE / POLICE)

T	Fire Department:	City / State:	Incident Number:
U	Police Department:	City / State:	Incident Number:

The information reported above as required by law is true and accurate to the best of my knowledge

V	Submitter (Last Name, First Name)	Signature:	Date: (MM/DD/YY)
W	Address (No.-Street-Apt.-City-State-Zip)		Phone Number:

AUTHORITY: MCL29.4(2) 1941 PA 207 which states: "Each fire insurance company authorized to do business in this state on request shall promptly furnish the State Fire Marshal information in the company's possession concerning a fire occurring in this state. The report shall be in addition to and not in place of any other reports required by law to be made by the company to other state agencies."

COMPLIANCE: Required

PENALTY: Misdemeanor